GARFIELD BD OF ED-00301700 - Corrective Action Report

Form Name	Section	Form subsection	Site Name		Question #	Due Date	Status
Off-Site Assessment Tool		Revenue from Nonprogram Foods (710)			710	03/22/2018	CAP Accepted
Corrective Action History			CAP Accepted Lisa Garland 03/15/2018 10:36 AM	Moving forward the School District will properly complete the non program revenue tool annual. We will insure that the non program revenue tool will match the figures to our exbit B5 and will included all of its non food program food revenues and cost and it calculation. This will be monitor by Dr. Edward Izbicki, Asst. Superintendent of Finance/ Board Secretary, start 2018/19 school year . Finding:Revenue from Non-program Foods The NPFR Tool did NOT include all of its nonprogram revenues and costs in its calculation.In addition, Revenue Ratio DID NOT equal or exceed its Food Cost Ratio as required under 7 CFR 210.14(f).			
			CAP Submitted HEATHER LEUZZI 03/15/2018 10:35 AM				
			Flagged Lisa Garland 03/15/2018 09:53 AM				
On-Site Assessment Tool	On-Site Assessment Tool	Certification and Benefit Issuance (124 - 142)			126	01/19/2018	CAP Accepted
Corrective Action History			CAP Accepted Erlisa Levin 01/09/2018 11:24 PM	CAP Accepted			
			CAP Submitted HEATHER LEUZZI 01/09/2018 03:31 PM	but was missing household m and signed her application for 2018. *Corrective action will	uestion#126 - Application# 18-1070 had only printed name of household member at was missing household member signature. Applicant, Hilcania Lantiqua, came in ad signed her application for Nathalie Batista and Arturo Berroa on January 2, 2018. *Corrective action will be as of January 2, 2018 and future, applications will be double checked to make sure household member signatures are in the signature ox as required.		
			Flagged Erlisa Levin 12/28/2017 12:16 AM	Incomplete and/or incorrectly determined applications were found during the State Agency review of the selected applications. Errors were recorded on the Eligibility Certification and Benefit Issuance Worksheet (SFA-1.) The SFA must indicate the date of correction for all application errors. SignATURE OF HH MEMBER IN ADULT SIGNATURE BOX IS REQUIRED			